-				ctober 1, 2		HON REC	OHI	) ·	oat	13	36	191	2
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALI	ENTI			1 1 /	ER THAN
$\ $	TOTAL CLAIM	(00)	(Goldmin 1)		(Column 2)		TYPE			Ol	R SMA	LL ENTIT	
	FOR	NUME	NUMBER FILED		NUMBER EXTRA		BASIC		FEE 55.00		RATI BASIC F		
	TOTAL CHARG	S	minus 20=		•		X\$ 9:	-		-10"	` <del> </del>		
11	NDEPENDENT		minus 3 =		.• *		ļ			OF	<b> </b>		
٨	MULTIPLE DEPI	ENDENT CLAIM	PRESENT	RESENT				X40=		<u> </u>	OF	X80=	
*	If the difference	ce in column 1	is less than	zero enter	"0" in	column 2	<b>,</b> [	+135=			OF	+2.70=	:
		CLAIMS AS				column 2		TOTAL			OR	TOTAL	
	Fees account of	(Column 1		(Colum		(Column 3)	)	SMAL	L ENTI	TY	OR		R THAN L ENTITY
<b>JENT A</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	AD TIO	NAL		RATE	ADDI- TIONAI FEE
<b>AMENDMENT</b>	Total Independent	· 8	Minus Minus	7   2	0	=		X3 9=			OR	X\$18=	
⋖ —	FIRST PRES	ENTATION OF N	MULTIPLE D	EPENDENT	CLAIM			X40=			OR	X80=	ļ
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DINEIRDINEIRI B		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA		RATE	ADE TION FEE	AL		RATE	ADDI- TIONAL FEE
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1		CLAIMS	MAY 13	(Column	T	(Column 3)	_		·	<b>—</b>	-		
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'lf t	he "Highest Num	n 1 is less than the ber Previously Pai ber Previously Pai	d For" IN THI:	S SPACE is les	s than 2	20, enter "20."	ADDI	TOTAL T. FEE	·····	OF OF	` <b>L</b>	TOTAL	
Th	e "Highest Numb	er Previously Paid	For" (Total or	Independent) i	s the hi	ghest number fo	ound in	the appr	opriate b	ox in	colum	n 1.	
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Application or Docket Number